Preconception sex selection for non-medical reasons: a representative survey from the UK

Dear Sir,

In January 2003, the Secretary of State had asked the Human Fertilisation and Embryology Authority (HFEA) to conduct a Public Consultation on 'Sex Selection: Choice and Responsibility in Human Reproduction'. The HFEA is expected to publish the results of its consultation in October this year and to advise the Department of Health on issuing appropriate guidelines for public policy.

Although the results of the HFEA's consultation will inform us about public attitudes towards preconception sex selection for non-medical reasons and whether or not there is sufficient community support for making it available, it will not tell us anything about gender preferences or interest in employing sex selection technology. This is unfortunate as the main objection to sex selection is based on the assumption that a freely available service for preconception sex selection will distort the natural sex ratio and lead to a gender imbalance in our society (Dickens, 2002). For a gender imbalance to happen, however, there must be a strong preference for children of a particular sex as well as a considerable demand for sex selection services. To determine whether or not these two preconditions are met, we have conducted a survey on preconception sex selection in the United Kingdom similar to the one in Germany printed in this issue of Human Reproduction (Dahl *et al*., 2003).

Using a randomized, computer-assisted telephone interview tool provided by ICM, 1001 British men and women aged 18 years and older were posed four questions. First, participants were asked if, given a choice, they would want their first-born child to be male or female. 16% of respondents would like their first child to be a boy, 10% would like their first child to be a girl, and a vast majority of 73% stated that they do not care about the sex of their first-born child.

Second, participants were asked, if, given a choice, they would want only boys, only girls, more boys than girls, more girls than boys, as many girls as boys or whether the sex of their children would not matter to them at all. 3% prefer only boys, 2% only girls, 6% more boys than girls, 4% more girls than boys, 68% would like to have as many girls as boys, and 16% simply do not care about the sex of their children.

Third, respondents were asked 'If, for whatever reason, you could not have more than one child, what sex would you wish your only child to be?' 19% would prefer their only child to be a boy, 17% prefer it to be a girl, and 57% stated that they would not care about the sex of their only child.

Finally, participants were asked if they would like to take advantage of a technology such as MicroSort to select the sex of their children (Fugger *et al*., 1998; Stern *et al*., 2002). In order to make an informed decision, they were told what this technology entails. Participants were informed that they would have to visit a Fertility Center, provide a sperm sample for separation via flow cytometry, undergo an average of three up to five cycles of intrauterine insemination, and pay a fee of approximately £1250 per attempt. 21% of respondents said they would like to take advantage of the technology, 7% were undecided, and 71% found it to be out of the question.

Compared to Germans, the British are much more receptive to the idea of employing reproductive technology to select the sex of their prospective children (6% and 21%, respectively). Moreover, British men and women seem to have considerably stronger gender preferences than their German counterparts. Whereas 58% of the Germans stated that they do not care about the sex of their offspring, only 16% of the British respondents felt the same. And, last but not least, while about one-third (30%) of Germans wish to have a family with an equal number of boys and girls, more than two-thirds (68%) of the British agreed. However, it is precisely this marked preference for a 'balanced family' which would prevent any gender imbalances from happening in Britain. The distinct trend towards a balanced family has been observed in quite a number of European countries, including Austria, Belgium, Italy, Spain, and Switzerland (Hank and Kohler, 2000).

Much of the opposition to preconception sex selection for non-medical reasons is based on the assumed danger of a sex ratio distortion due to a common preference for boys over girls (Balen and Inhorn, 2003). According to our survey, this assumption seems to be unfounded in the UK. Given the predominant preference for a family with the same number of boys and girls, a readily available service for preconception sex selection is highly unlikely to cause a gender imbalance in the UK.

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Edgar Dahl[1,3], Klaus-Dieter Hinsch[1], Manfred Beutel[2] and Burkhard Brosig[2]

[1]Centre for Dermatology and Andrology, Justus Liebig University Giessen, Germany, [2]Clinic for Psychosomatic Medicine and Psychotherapy, Justus Liebig University Giessen, Germany

[3]To whom correspondence should be addressed: Centre for Dermatology and Andrology, University of Giessen, Gaffkystrasse 14, D-35385 Giessen, Germany.

E-mail: edgar.dahl@derma.med.uni-giessen.de

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